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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	09/804,672
	Filing Date	3/9/2001
	First Named Inventor	Reed
	Group Art Unit	2177
	Examiner Name	Unassigned
	Attorney Docket Number	007.0156.01

To: Assistant Commissioner for Patents
Washington DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Per client request.

RECEIVED

APR 22 2002

Technology Center 2100

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number [] []

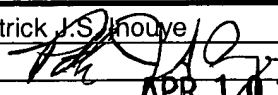
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Hickman, Palermo, Truong & Becker				
Address	1600 Willow Street				
Address					
City	San Jose	State	CA	Zip	95125
Country	USA				
Telephone		Fax			

- ☒ This request is made on behalf of:
- ☐ all the attorneys/agents of record
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number **22895**

This request is enclosed in triplicate (including any attachments).

SIGNATURE OF ATTORNEY/AGENT

Name	Patrick J. S. Houye
Signature	
Date	APR 10 2002

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extensive period, the request to withdrawal is normally disapproved.



2177

Please type a plus sign (+) inside this box → +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin: 5px 0;">(to be used for all correspondence after initial filing)</p>	Application Number	09/804,672	
	Filing Date	March 9, 201	
	First Named Inventor	Reed, David	
	Group Art Unit	2177	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	5	Attorney Docket Number	007.0156.01

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <div style="margin-left: 20px;"><input type="checkbox"/> Fee Attached</div> <input type="checkbox"/> Amendment / Reply <div style="margin-left: 20px;"><input type="checkbox"/> After Final</div> <div style="margin-left: 20px;"><input type="checkbox"/> Affidavits/declaration(s)</div> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</div>	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-top: 10px;">Request to Withdraw as Attorney or Agent Postcard</div>
<div style="float: right; text-align: right;"><h2 style="margin: 0;">RECEIVED</h2><p style="margin: 0;">APR 22 2002</p><p style="margin: 0;">Technology Center 2100</p></div> <div style="clear: both;"></div>		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Offices of Patrick J.S. Inouye
Signature	 APR 10 2002
Date	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 4/10/02			
Type or printed name	Casey Leichte	Date	APR 10 2002
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.